

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 593219

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		0				
6		0				
7	1					
8		1				
9		2				
10	1					
11		1				
12		1				
13		2				
14		2				
15		0				
16		0				
17	1					
18	1					
19		1				
20		2				
21		0				
22		0				
23		0				
24		0				
25	1					
26		1				
27		2				
28		0				
29	1					
30		1				
31		1				
32		1				
33		4				
34		0				
35		0				
36		0				
37	1					
38		1				
39		1				
40		1				
41		1				
42		0				
43		0				
44	1					
45		1				
46		2				
47		2				
48		2				
49		0				
50		0				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52	1					
53		1				
54		2				
55		0				
56		0				
57		0				
58		0				
59			1			
60				1		
61				1		
62				1		
63				1		
64				1		
65				1		
66			1			
67				1		
68				1		
69				1		
70				1		
71				1		
72				1		
73				1		
74				1		
75			1			
76			1			
77				1		
78				1		
79				1		
80				1		
81				1		
82				1		
83			1			
84				1		
85				1		
86				1		
87			1			
88				1		
89				1		
90				1		
91				1		
92				1		
93				1		
94				1		
95			1			
96				1		
97				1		
98				1		
99				1		
100				1		
TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	62	←		←		←
TOTAL CLAIMS	72					

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102			1			
103				1		
104				1		
105				1		
106				1		
107				1		
108				1		
109				1		
110			1			
111				1		
112				1		
113				1		
114			1			
115				1		
116				1		
117				1		
118				1		
119						
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147						
148						
149						
150						
TOTAL IND.		↓	11	↓		↓
TOTAL DEP.		←	48	←		←
TOTAL CLAIMS			59			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						